

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-016822

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **211**
FILED MAY 15 1963

Primary Registration District No. **4324** Registrar's No. **17-63**

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY PULASKI	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tusculumbia		Length of stay in 1b 4 Days	c. CITY OR TOWN CROCKER
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Humphrey Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) —
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last FRANCIS JANE FULKERSON			4. DATE OF DEATH Month Day Year MAY 5 1963		
5. SEX Female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-1-1892	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (City and state or country) CAMDEN CO MO	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME William Stamper		13b. MOTHER'S MAIDEN NAME EVA R. BLAND	
14. NAME OF HUSBAND OR WIFE Albert Lee Fulkerson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) NO		16. SOCIAL SECURITY NO. —	
17. INFORMANT MRS LEONARD DEERDUFF CROCKER, MO		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 5 days	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pylor-Nephritis (chronic)		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
---	--	---	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour s.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION DO BERIA Missouri		
21. I attended the deceased from 1962 to 5/5/63 and last saw her alive on 5/5/63 Death occurred at 7:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Wm. A. Gould DO	
22b. ADDRESS 1601 Miller County MO		22c. DATE SIGNED 5/6/1963	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5/8/1963	23c. NAME OF CEMETERY OR CREMATORY Gott Cemetery	
23d. LOCATION (City, town, or county) Miller County MO		24. FUNERAL DIRECTOR'S ADDRESS Moss-Williams CROCKER, MO	
25. DATE RECD. BY LOCAL REG. 5-8-1963		26. REGISTRAR'S SIGNATURE Mrs. D. E. Kallenbach	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

JUL 2 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Clarice E. Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.